

**TRAINING/CONTINUING EDUCATION NEEDS  
ASSESSMENT SURVEY**

Please indicate in the space next to the training areas listed below your priority for training during the year, with number 1 being your highest priority, number 2 your second highest priority, etc. Please indicate at least your five highest priorities. Also, indicate the number of hours of formal training and continuing education you will require this year to maintain any certifications. When you have completed the survey, please sign, date and return it to Secretary to the City Auditor.

**TECHNICAL SKILLS**

- |       |   |
|-------|---|
| _____ | FINANCIAL AUDITING STANDARDS AND PROCEDURES         |
| _____ | ACCOUNTING STANDARDS, STATEMENTS AND PRONOUNCEMENTS |
| _____ | EDP AUDITING  |
| _____ | PERSONAL COMPUTER SKILLS AND APPLICATIONS           |
| _____ | MANAGEMENT AUDITING CONCEPTS AND PROCEDURES         |
| _____ | INTERNAL CONTROL/AUDITING FOR FRAUD                 |
| _____ | WORKPAPER TECHNIQUES/EVIDENCE                       |
| _____ | OTHER (PLEASE IDENTIFY)                             |

**COMMUNICATIONS SKILLS**

- |       |                     |
|-------|---------------------|
| _____ | ORAL COMMUNICATIONS |
| _____ | PUBLIC SPEAKING     |
| _____ | WRITING SKILLS      |
| _____ | REPORT WRITING      |
| _____ | EFFECTIVE LISTENING |
| _____ | INTERVIEWING SKILLS |

**INTERPERSONAL SKILLS**

- \_\_\_\_\_ GROUP DYNAMICS
- \_\_\_\_\_ MANAGEMENT TECHNIQUES
- \_\_\_\_\_ ORGANIZATIONAL BEHAVIOR
- \_\_\_\_\_ SUPERVISORY SKILLS
- \_\_\_\_\_ OTHER (PLEASE IDENTIFY)

*Number Of Hours Of Formal Training Needed This Year* \_\_\_\_\_.

*COMMENTS:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_